

The role of insecure attachment in the development of problems in mother-child bonding in women with postpartum PTSD symptoms.

Published: 29-05-2019

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Primary objective: Are postpartum PTSD symptoms an independent predictor for impaired mother-child bonding, or does insecure attachment in mothers, also play a role in this?

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Pregnancy, labour, delivery and postpartum conditions
Study type	Observational non invasive

Summary

ID

NL-OMON47971

Source

ToetsingOnline

Brief title

Attachment, postpartum PTSD and mother-child bonding problems.

Condition

- Pregnancy, labour, delivery and postpartum conditions
- Anxiety disorders and symptoms

Synonym

trauma, traumatic event

Research involving

Human

Sponsors and support

Primary sponsor: Meander Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Attachment, Mother-child bonding, Postpartum PTSD

Outcome measures

Primary outcome

- Attachment in mothers (is mapped through the ECR-R)
- Postpartum PTSD (is mapped through the PCL-5)
- Mother-child bonding (is mapped through the PBQ)

Secondary outcome

Possible co-morbid postpartum depression.

Study description

Background summary

Background:

An increasing amount of research is being conducted on the consequences of postpartum PTSD. Research shows that childbirth-related PTSD symptoms can have a negative impact on the mother-child relationship (Cook et al., 2018). To date, however, research has not focussed on the underlying mechanisms. Thus the question arises, as to whether the problems in the mother-child bond are a direct result of the postpartum PTSD complaints, or whether other factors also play a role. As described by Bowlby in 1982, attachment can affect the way one feels about and interacts with their child. Furthermore, Markin (2013) describes how women who are diagnosed with a borderline personality disorder (often based on an attachment disorder) experience more problems in mother-baby dyads postpartum. The problems in the mother-child bond that are experienced by women with postpartum PTSD symptoms could therefore be (partly) explained by an insecure attachment.

Primary hypothesis:

Insecure attachment, in combination with postpartum PTSD symptoms in mothers, leads to a higher degree of problems in the mother-child bond, than the aforementioned variables alone (interaction effect insecure attachment X postpartum PTSD).

Secondary hypotheses:

- Insecure attachment in mothers leads to problems in mother-child bonding (main effect of insecure attachment).
- Postpartum PTSD symptoms lead to problems in mother-child bonding (main effect of postpartum PTSD).
- Attachment in mothers is consistent over time.

Study objective

Primary objective:

Are postpartum PTSD symptoms an independent predictor for impaired mother-child bonding, or does insecure attachment in mothers, also play a role in this?

Study design

Longitudinal questionnaire survey.

Study burden and risks

The questionnaires will cost participants 45 to 60 minutes to complete. Participation can take place at home. There is a potential for questions to be experienced as emotionally demanding. However, we assume that the extent of this will likely be limited, as participants experiencing psychological complaints experience these regardless of their participation in the research. In view of the limited workload associated with respondent participation, we believe that carrying out the research is justified. The results of the study can potentially contribute to a better understanding of the relationship between postpartum PTSD symptoms and problems in mother-child bonding. If our hypothesis is correct that insecure attachment in mothers plays a role in mother-child bonding, then the findings could be used to inform preventive interventions aimed at enhancing mother-child bonding. In the longer term this could potentially contribute to reducing the risk of childhood psychopathology.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

- Being pregnant and being treated by a gynecologist in the Meander Medical Centre
- 18 years of age or older
- Being able to both speak and write in Dutch

Exclusion criteria

- Being under 18 years of age
- Not mastering the Dutch language sufficiently (both speaking and writing)

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

Recruitment

NL
Recruitment status: Recruitment stopped
Start date (anticipated): 18-06-2019
Enrollment: 124
Type: Actual

Ethics review

Approved WMO
Date: 29-05-2019
Application type: First submission
Review commission: MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL68241.100.18